I.D.

CONFIDENTIAL

Health Questionnaire

1. **In the PAST YEAR how often did you get acid reflux** *(a sour taste from acid rising up into your mouth or throat)*:

Never	Less than once a month	Less than once a week	Once a week	2-3 times a week	4+ times a week	Daily
☐	☐	☐	☐	☐	☐	☐

2. **In the PAST YEAR how often did you get heartburn?** *(a burning pain behind the breastbone after eating)*:

Never	Less than once a month	Less than once a week	Once a week	2-3 times a week	4+ times a week	Daily
☐	☐	☐	☐	☐	☐	☐

3. Have you ever taken MEDICATION to treat heartburn or acid reflux?

N **No**

Y **Yes → Did you take any of the following medications?**

	NO	YES →	Age you first had it?
1. Antacids e.g. Gaviscon, Quikeze, Rennie, Mylanta?	N	Y →	years old
2. Losec® or Zoton® or Acimax® or Maxor® or Probitor® or *omeprazole*?	N	Y →	years old
3. Nexium® or *esomeprazole*?	N	Y →	years old
4. Zoton® or *lansoprazole*?	N	Y →	years old
5. Somac® or *pantoprazole*?	N	Y →	years old
6. Pariet® or *rabeprazole*?	N	Y →	years old
7. Tazac® or *nizatidine*?	N	Y →	years old
8. Tagamet® or Cimehexal® or Magicul SPBA® or Sigmeidine® or *cimetidine*?	N	Y →	years old
9. Zantac® or Ausran® or Rani® or Ranihexal® or Ranoxyl® or *ranitidine*?	N	Y →	years old
10. Pepzan® or Pepcid® or Pepcidine® or Pamicid® or *famotidine*?	N	Y →	years old
11. Maxolon® or *metoclopramide*?	N	Y →	years old
12. Prepulsid® or *cisapride*?	N	Y →	years old
13. Other drugs for heartburn etc?	*please specify*		

4. Have you ever had a SURGICAL OPERATION to treat or prevent heartburn or acid reflux?

N No **Y Yes→ How old were you when you had surgery ?** ☐☐

5. **Have any members of your IMMEDIATE FAMILY (i.e. parents, siblings, children) ever been diagnosed with the following conditions.** *If YES, please* ***circle*** *all FAMILY MEMBERS affected :*

Severe acid reflux / heartburn	N	Y →	**mother**	**father**	**brother**	**sister**	**son**	**daughter**
Barrett's oesophagus	N	Y →	**mother**	**father**	**brother**	**sister**	**son**	**daughter**
Oesophageal cancer	N	Y →	**mother**	**father**	**brother**	**sister**	**son**	**daughter**

6. **What is the MOST you ever weighed?** ☐☐☐ **kgs** **OR** ☐☐ **st** ☐☐ **lbs**

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7. **How often have you taken the following medications during the past 5 years?**

ASPIRIN (eg. Aspro, Aspro-Clear, Disprin, Bex, Vincents, Alka-Seltzer)

☐ Never	☐ Occasionally	☐ Less than once a month	☐ 2-3 times a month
☐ Once a week	☐ 2-3 times a week	☐ 4-7 times a week	☐ 2+ times a day

PARACETAMOL (eg Panadol, Panamax, Tylenol, Dymadon)

☐ Never	☐ Occasionally	☐ Less than once a month	☐ 2-3 times a month
☐ Once a week	☐ 2-3 times a week	☐ 4-7 times a week	☐ 2+ times a day

ANTI-INFLAMMATORY DRUGS (eg Nurofen, Orudis, ACT3, Brufen, Rafen, Voltaren, Indocid, Naprosyn, Feldene, Arthrexin, Arthrotec, Actiprofen) *These drugs are usually taken for joint or muscle pain, headaches or period pain*

☐ Never	☐ Occasionally	☐ Less than once a month	☐ 2-3 times a month
☐ Once a week	☐ 2-3 times a week	☐ 4-7 times a week	☐ 2+ times a day

8. **Have you smoked more than 100 cigarettes, cigars or pipes in your whole life?**

☐ No ☐ Yes

(these next 3 questions are only for people who have ever smoked)

8A. **At what age did you START smoking?** ☐☐ years

8B. **Have you stopped smoking permanently?**

N , Y → **At what age did you STOP smoking PERMANENTLY?** ☐☐ years

8C. **How many cigarettes do (*or* did) you smoke on a TYPICAL day?** ☐☐

9. **Have you ever consumed alcohol more often than once per month?**

☐ No ☐ Yes

(these next 3 questions are only for people who have ever consumed alcohol)

9A. **At what age did you START drinking?** ☐☐ years

9B. **Have you stopped drinking permanently?**

N , Y → **At what age did you STOP drinking PERMANENTLY?** ☐☐ years

9C. **How many drinks do (*or* did) you have in a TYPICAL week?** *(tick the best answer below)*

None	Less than 1	1	2-4	5-6	7-13	14-20	21-27	28 +
☐	☐	☐	☐	☐	☐	☐	☐	☐

10. **Have you ever had any of these medical conditions?**

	NO	YES →	Age you first had it?
Diabetes treated with insulin injections	N	Y →	☐☐ years old
Diabetes treated with tablets and/or diet	N	Y →	☐☐ years old
High blood pressure treated with tablets	N	Y →	☐☐ years old
Stomach cancer	N	Y →	☐☐ years old
Oesophageal cancer	N	Y →	☐☐ years old

11. **Have you completed any further study since leaving school? *(Please mark box)***

☐ No ☐ Technical/College diploma ☐ Trade certificate/apprenticeship ☐ University degree

☐ Other *please specify*

Office use only **Date** ☐☐ / ☐☐ / 20 ☐☐

Height ☐☐☐ **Weight** ☐☐☐ **Waist** ☐☐☐

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